

DSS Number:
DSS Name:

DSS-111A
Rev. (3/90)

COMMONWEALTH OF KENTUCKY
CABINET FOR FAMILIES AND CHILDREN
DEPARTMENT FOR COMMUNITY BASED SERVICES

FOSTER HOME CONTRACT SUPPLEMENT

(Relates to Foster Home Contract No.)

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Section A.

1. Name of Child:	Date of Birth:
2. Placement Date:	3. Effective Date of Rate:
4. Base Rate:	\$
Special Needs Incentive:	+
SN Training Incentive:	+
Sibling Incentive:	+
Total:	\$
5. Emergency Shelter Rate	\$
6. Medically Fragile Rate	\$
7. Family Treatment Home Rate	\$

APPROVED:

Signature

Title

Date

=====
Section B.

Date the Medical Passport was given to Foster Parents:

Child's current grade level:

Child is performing ☐ at ☐ above ☐ below grade level.

Name and address of school child previously attended:

Name and address of school child will be attending, if different:

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The relevance of each of the following history and risk factors should be discussed. In the space below, identify history and risk factors that are currently known to the worker and applicable to this child. For each item checked below, give an explanation.

- | | |
|--|---|
| <input type="checkbox"/> Number of previous placements | <input type="checkbox"/> Makes friends easily |
| <input type="checkbox"/> Physically abused | <input type="checkbox"/> Tunes out, withdraws, will not listen |
| <input type="checkbox"/> Sexually abused or exploited | <input type="checkbox"/> Sets fires |
| <input type="checkbox"/> Premature or low birth weight | <input type="checkbox"/> Destroys property |
| <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Physically aggressive |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Verbally aggressive |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Hyperactive |
| <input type="checkbox"/> Health needs | <input type="checkbox"/> Lying |
| <input type="checkbox"/> Eating habits/problems | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Special nutritional needs | <input type="checkbox"/> Displays inappropriate sexual behavior |
| <input type="checkbox"/> Developmental delays | <input type="checkbox"/> Sense of humor |
| <input type="checkbox"/> Rocking, head banging | <input type="checkbox"/> Sleeping difficulties |
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> School difficulties |
| <input type="checkbox"/> Wetting, soiling, smearing | <input type="checkbox"/> Talents (sports, music, art, etc.) |
| <input type="checkbox"/> Injury to self | <input type="checkbox"/> Smokes |
| <input type="checkbox"/> Attachment difficulties | <input type="checkbox"/> Substance abuse problems |
| <input type="checkbox"/> Running away | <input type="checkbox"/> Identify current resources |
| <input type="checkbox"/> Cooperation | |

Explanation of factors checked above.

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Section C.

We understand the information in this document and agree to fulfill our responsibilities in making this child's placement in this home successful.

Social Worker

Foster Mother

Home Phone No.

Office Phone No.

Foster Father

Family Services Office Supervisor

Home Address

Home Phone No.

Office Phone No.

Date Signed

Home Phone No.

Date Signed

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Section D. (Office Use Only)

1. Foster Care Vendor Number:

6. County Number:

2. Case Number:

7. SSN:

3. Type of Foster Care:

8. Financial Resources:

4. County of Origin:

9. Status Code:

5. Pre Adoption:

10. Family Vendor: